

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <b>10/089436</b>	<small>FILING DATE</small>
<b>7-28-04 CLAIMS</b>								
	<small>AS FILED</small>		<small>AFTER 1st AMENDMENT</small>		<small>AFTER 2nd AMENDMENT</small>			
	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>		
1	1		1		1		51	
2		1		1		1	52	
3		2		1		1	53	
4		1		1		1	54	
5	1		1		1		55	
6		1		1		1	56	
7		2		1		1	57	
8		1		1		1	58	
9	1		1		1		59	
10	1		1		1		60	
11	1		1		1		61	
12						1	62	
13						3	63	
14						1	64	
15						3	65	
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43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1		4		4		TOTAL IND.	
TOTAL DEP.		2		1		1	TOTAL DEP.	
TOTAL CLAIMS			10		16		TOTAL CLAIMS	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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